TIME AND VEHICLE USAGE DATA					
(Enter Number of Hours (rounded up) Under the Appropriate Use Category)					
TIMES USED	ADMIN	CADET ACTIVITIES	MISSION SUPPORT	OTHER	OTHER DESCRIPTION
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
TOTAL					
* ANNO	TATE TOTAL	L NUMBER TIN	MES USED IN T	THE UPPER LE	FT SECTION OF BLOCK

^{*} ANNOTATE TOTAL NUMBER TIMES USED IN THE UPPER LEFT SECTION OF BLOCK

CAP VEHICLE INSPECTION GUIDE AND USAGE DATA				
MONTH / YEAR		END OF MONTH ODOMETER READING		
WING / REGION		CHARTER		
VEHICLE IDENTIFICATION NO. (VIN)		YEAR OF VEHICLE		
VEH	ICLE MAKE	VEHICLE I	MODEL	FIELD ID NO.
ITEMS TO BE CHECKED DAILY				
	(operator's signature required on inside page to verify inspection)			
1.	REGISTRATION / PROOF OF INSURANCE			
2.	FIRE EXTINGUISHER / FIRST AID KIT			
3.	DAMAGE (exterior and interior, missing parts)			
4.	TIRES (visually check for damage / abnormalities)			
5.	CHECK FLUID LEVELS (oil, transmission, brake, power steering and coolant) (check according to manufacturers instructions.			
6.	BATTERY CONDITION			
7.	LEAKS (visually check fuel / oil / coolant)			
8.	DRIVE BELTS / HOSES (visually check for fraying or cracking)			
9.	LIGHTS (visually check for proper operation)			
10.	BACK UP ALARM / EMERGENCY FLASHERS (functionally check proper operation)			
11.	SAFETY DEVICES (seatbelts / harness, headrests, etc.)			
12.	INSTRUMENTS / HORN (functionally check proper operation)			
13.	WINDSHIELD WIPERS / WASHER (functionally check for proper operation / condition)			
14.	BRAKES / STEERING (functionally check responsive / effective / smooth)			
15.	MIRRORS (rearview / side)			
16.	EXHAUST SYSTEM			
17.	WINDOWS (functionally check proper operation)			
18.	RADIO MOUNTS (CAP added equipment)			
19.	CURRENT STATE INSPECTION STICKER (if applicable)			
20.	TIRE PRESSURE (checked monthly – requi	TIRE PRESSURE (checked monthly – requires signature and date below)		
	Signature:		Date Perfor	med:

CAP FORM 73, SEP 03 PREVIOUS EDITIONS WILL NOT BE USED AFTER 30 NOV 03 OPR/ROUTING: LGT

st Annotate total number of hours in the lower right section of block

VEHICLE OPERATOR DISCREPANCY REPORT		
DISCREPANCY	DATE FOUND	

OPERATOR'S SIGNATURE (SIGNATURE SIGNIFIES ACCOMPLISHMENT OF INSPECTION)				
DAY	SIGNATURE	DAY	SIGNATURE	
1		17		
2		18		
3		19		
4		20		
5		21		
6		22		
7		23		
8		24		
9		25		
10		26		
11		27		
12		28		
13		29		
14		30		
15		31		
16				

ADDITIONAL COMMENTS